No. 1

	PLACE OF DEATH	08608 STATE
	County Worcesley	CERTIFIC
	Sel. com meason	(159) Registr
1	Village or City Pocossics Child	St:
	2FULL NAME Ruch Balla	2d
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC
- work	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July (Month
	6 DATE OF BIRTH Wy (Month) (Day) (Year)	17 I HEREBY CERTIFY, Tha
	7 AGE If LESS that day hr. or min.	The CAUSE OF DEATH * was as follows
Territoria de la constantina della constantina d	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	. (Ducation
	9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion
	10 NAME OF FATHER Open Backand 11 BIRTHPLACE OF FATHER (State or country) Mechagain 12 MAIDEN NAME)	(Signed) 19 (Address) *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
	of Mother Manne S Willings 13 BIRTHPLACE OF MOTHER (State or country) MA	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death
	(Informant) CAM Ballard	Where was disease contracted, if not at place of death? Former or usual residence
	(Address)	19 PLACE OF BURIAL OR REMOVAL
	15 Filed July 1921 What Tolker	20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-.....Ward) tion, give its NAME irstend of street and number.)

DATE OF BURIAL

ADDRESS

E OF DEATH (Month) CERTIFY, That I attended the deceased it death occurred on the days (Duration) ributory ondary (Address) te the Disease Causing Death, or, in Causes, state (1) Means of Injury and deaths from (2) Whether State the dental, Suicidal or Homicidal. GTH OF RESIDENCE (For Hospitals, Institutions, Transor Recent Residents) In the

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., wave. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness, of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer-Coal minc, etc. Wom-Locomotive engineer, The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaeniia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic Example: Measles (disease chopneumonia (secondary), affection need not be etc. The contributory valvular heart Measles; disease; 28

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

--Every item of information should be carefully supplied ACE should be stated EXACTLY CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See Instructions on back of certificate. 11TH UNFADING INK---THIS IS A PERMA WRITE P

JARGIN RESERVED FOR BINDING

PLACE OF DEATH	08609 STATE OF MARYLAND
County Worker les	CERTIFICATE OF DEATH
	92-0 Registration Dist. No.
Village or City Oden Vouly 1 (No.	St: Ward) (If death occurred in a hospital or institu-
(Nelson Jane	lon, give its NAME in- etcad of street and number.)
2 FULL NAME TWEEL OF THE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 1 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192, to
only 19 1871	that I last saw h,alive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at 10
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
	Calque alle a mair
8 OCCUPATION (a) Trade, profession or	mass to my relation all
particular kind of work	Of is I had &
business, or establishment in which employed or (employer)	Chmile Walle Saf Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary
wer nemes	Duration)yrs,,mos ds
10 NAME OF CAREL TOIL	(Signed) M.D.
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country)	*State the Disease Causing Death, or, in deaths from Wiolent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Fomicidal
of MOTHER Clinality hode	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) ohn Dolen	Former or usual residence Wish Va, horing in The 39 1
(Address) Eden Wieonoies 606.	19 PLACE OF BURIAL OR REMOVAE SATE OF BURIAL
Filed 7/13 1923/ LERoy Seriet	20 UNDERTAKER ADDITESS
Registrar	Vernon V. Staveuron Freomore Ely
wore Manks are needed, address State Registrar.	18 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered a Housewife, House worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various parsaits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs.). For persons who have no occupation business, that f.e. may be indicated thus: Farmer (rel state occupation at la similar of illness. If retired from or given apron account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At "chool or At home. Car should be taken work, or A' Home, and children not gainfully emhousehold only (not paid Housekeepers who receive a en at home. laborer, Farm laborer, Leborer-Ceal mine, etc. Wom-(a) Foreman, (b) Automobile factory. should be used only when needed. Civil engineer Stutionery fremen, etc. But in many tion applie, to each and every person, irrespective of Housemuil, etc. If the occupation has been chaused to report specifically the occupations of persons eu-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the As examples: (a)

EASE CAUSAND DEATH (the primary affection with respect to time and causation), using always the same accepted term for the cast in acc. Examples. Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"): Diphth via (aveid ase of "Croup"); Typhoid fever (never repor "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pueumonia,")

Whear men quences (e. g., sepsis, tetanus) may be stated under the use of "Tumor" for malignant neoplasms); Measles; conditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nompurlature of the American Medical Association.) thre of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgleal operation was under diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustiou," "Heart vulsions," "Debility" ("Cougenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway "Puerperal septionemia," "Puerperal peritonitis," "Uraemia." "Weakness," etc., when a definite disease Whooping of cause of death approved by of "contributory." FOR VIOLENT DEATHS STATE MHANS OF INJURY cough; Chronic valvular heart disease; (Recommendations on state-Example: Measles failure." "Haemor-Committee on terminal (merely (second-(disease

Mons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Ö

Every item of CIANS should statement of C

	PLACE	OF DEATH				
County Corcester						
Vil	lage or City	Pocomoke Ci	<u>ty</u> (No			
	²FUL	L NAME Marga:	ret Virginia			
	PERSON	AL AND STATIST	ICAL PARTICULARS			
	emale	4 COLOR OR RACE White	B SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid (Write the word)			
6 [DATE OF BIR	May (Month)	27th, 18			
7 A	GE	72 yrs. 1	mos. 9 ds. or			
(P)	a) Trade, pro articular kind b) General na usiness, or es thich employe	fession or Hous l of work Hous ture of industry tablishment in d or (employer)				
9 8	(State or cou	maryla Maryla	nd			
	10 NAME OF		W.Wilson			
STN	OF FATHE (State or	CE				
PARE	12 MAIDEN OF MOTH	NAME				
	13 BIRTHPL	ACE				

PLACE	OF	DEATH

(State or Country)

Filed

Delaware



STATE OF MARYLAND CERTIFICATE OF DEATH

hospital con, give its	NAME.	ln-
	hospital on, give its	(If deeth occurred hospital or instead of street ours)

L NAME Margaret Virginia Bounds

Widow

(Year) If LESS tha I day hr

	ATE OF DEATH
July (Mont) 17 I HEREBY CERTIFY, The May 15th 1921. to. thot I last saw h Cralice on J.	uly 4th, , 1923
and that death occurred on the date The CAUSE OF DEATH * was as foil-	
THE CAUSE OF DEATH " Was as FOIL	OWS:
Cardio-vascular sc	lonocie
and from the feeting for the both of the feeting the feeting of the feeting of the feeting of the feeting for the feeting of t	and and the state of the state

(Duration	
Contributory Secondary	onfusion and
UP 2016 2.a / Duratio	p) /
	P) VYS. mos. de
1/100/	100
(Signed) L. Lee Co	LCLC M. D
1/100/	comoke City, Md
(Signed)	Death, or, in deaths from of Injury and (2) Whether
(Signed)	Death, or, in deaths from of Injury and (2) Whether Hospitels, Institutions, Translin the
(Signed) (Address) PQ *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs. ds.	Death, or, in deaths from of Injury and (2) Whether Hospitels, Institutions, Translin the
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death?	Death, or, in deaths from of Injury and (2) Whether Hospitels, Institutions, Translin the
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence	Death, or, in deaths from of Injury and (2) Whether Hospitels, Institutions, Translin the State yrs death of Burial
(Signed)	M. Comoke City, Md Death, or, in deaths from of Injury and (2) Whether Hospitels, Institutions, Translin the State yrs mos de
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence	Death, or, in deaths from of Injury and (2) Whether Hospitels, Institutions, Translin the State yrs death of Burial

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) I'rs James Wilson Bounds (Address) Pocomoke City Maryland If more branks are needed, eddress State Registrar, 16 W. Saretoga St., Belto., Requesting

ori

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Form laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material who are engaged in the duties of the For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid approved by Committee on telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., ol FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE	OF	DEATH
County Wor	ce	ster

0861

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Rocomoke City (No. R.F.	tion, give Its NAME		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female Colored Single, MARRIED, WIDOWED. WIDOWED. OR DIVORCED I dowed (Write the word)	July 27th , 19231. July (Month) 27th (Day) 1931 (Year)		
6 DATE OF BIRTH August 21 , 1863 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from 192 192 1 to 192 1 thet I lest sew handlive on 192 1		
7 AGE If LESS than 1 day hrs. 1 mos. 24 ds. or min.	The CAUSE OF DEATH * was as follows:		
(a) Trade, profession or Housewife particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Virginia	(Durstion) yrs. mos. de Contributory Secondary (Duration) yrs. mos. de		
OF FATHER John W. Long II BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) M. D *State the Disease Causing Death, or, in deaths from Yiolent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.		
of Mother Louisa Conner 13 BIRTHPLACE OF MOTHER (State or Country) Virginia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death		
(Informant) Tabitha Nock (Address) Pocomoke City, No.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Wattsville Cemetary attsville Virginia. July29th, 19.31		
Filed July 28 1923/ John T Registrar	20 UNDERTAKER) ADDRESS POCOMOKE Cit		

N. B.-

WRITE

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a or At Home, and children, not gainfully em-Compositor, Architect, (6) Automobile factory. The material Salesman, single word or term on Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature tclapus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

3))	Hand P
	WRITE PLALY, WITH UNFADING INK-THIS IS A PERMAN TO CORD	N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
(1)	TI	e stated e proper t of cert
MARGIN RESERVED FOR BINDING	PERMAN	Every Item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
FOR B	IS A F	Bo that
RVED	KTHIS	supplied n terms See insti
RESE	ING IN	arefully H In pial ortant.
MARGIN	UNFAD	uld be c F DEATI
2	MITH	AUSE C
	MILY	state CCUPAT
	ITE PL	should ent of O
	WR	CIANS Statement
V. St. No. 1		N. B.

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Nr. Pocono No.	Brittengland (If death occurred I a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 193/ , 193/ , (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from
7 AGE If LESS than I day hrs or min.	. The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Placento Beria
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF REBREEFE	(Signed) (Address) (Address)
C (State or country) To the the true of true of the true of true of the true o	*State the lisesse Csusing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidsl or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
of MOTHER Lace Leady 13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
15 Filed July 9 1923/ John T Pilen Registras	20 UNDERTAKER ADDRESS
If more b.anks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, laborer, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, Physician, Compositor, Architect, Locomotive report specifically the occupations of persons en-Foreman, For many occupations a single word or term on be used only when needed. yrs) .: Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day who are engaged in the duties of the For persons who have no occupation (b) Stationary fireman, etc. Automobile factory. The materia As examples: (a) But in many 6 engineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) "telinus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Careinoma, Sarcoma, etc., of resulting from childbirth or miscarriage as for malignant neoplasms); Measles; Chronic affection need etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

*over.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	086
		000

1. PLACE OF DEATH				(19)		
County Worce:	ter			Registration Dist. No. 355		
Village or City Berl				NoSt.,Ward		
			(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.		
2. FULL NAME Ge	orge B	COMB				
(a) Residence: No.		(Usual place of		St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
PERSONAL AND S	TATISTIC					
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.			RIED, WIDOWED.	21. DATE OF DEATH		
Male B		OR DIVORCED	(write the word)	July 12, 193 1 (Month) (Year)		
5a. If merried, widowed, or divorcad				(Month) (Day) (Year)		
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I ettanded deceesed from		
				, 19, to		
6. DATE OF BIRTH (month, day, end		0. 10,		t last saw h; death is said		
7. AGE Yaars	Months		Days If LESS than I day,	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
	5	2	ormin.	ware as follows:		
8. Trede, profassion, or particul kind of work done, as SF SAWYER, BDOKKEEPER,	ar INNER.			ungerjaker reports		
		***********		d'oalilis		
work was dona, es SILK I SAW MILL, BANK, etc	VILL,			Colitis Cut R		
9. Industry or business in whic work was dona, es SILK SAW MILL, BANK, etc	t	11. Total tie	me (years) tin this	Colities cuffe		
year) (month an			pation			
12. BIRTHPLACE (city or town)	Md.			Other Contributory Causes of importance:		
(State or country)						
13. NAME GOO.	Brown	<u> </u>	1 4			
14. BIRTHPLACE (city or town)		PKS	(Nama of operation		
(State of country)				What test confirmed diagnosis?		
15. MAIDEN NAME Hes	ter St			23. If daath was dua to axternal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?		
15. MAIDEN NAME Hes 16. BIRTHPLACE (city or town)	Md					
—) (State of Country)				Where did Injury occur?(Specify city or town, county and State)		
17. INFORMANT Geo. B		N		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Addrass) Be		Md.				
Place Germanto		Date July	7 13 , 3:	Menner of Injury		
			, 10	Nature of injury		
19. UNDERTAKER J. W.				24. Was disease or injury in any way related to occupation of decaased?		
	lin, M			If so, specify (Signad) The lease of the augustation of		
20. FILED 7-13 19.3	1 Hele	n.F. H	ayward	(orginal)		
	Commence of the latest designation of the la			(Address) A Street Relatings Properties 9) S. No.		

not signed UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related chuses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis' 4 4	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	,	
Gallstones	May 1,1923	Gastroenteritis	1 year	
*				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

* From hirth coid of

-WRITE PLAINEY,

certificate.

TION is very important. See instructions on back of

PHYSICIANS should state Exact statement of OCCUPA-

item of infor-

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	0861
			110331

1 DI AGE OF BEATH	00014
1. PLACE OF DEATH	
County Worcester	Registration Dist. No. 350
Village or CityPocomoke River.Pocomoke C	11 t yNo. St., Ward
	os. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John H. Bunting.	(i))(iii)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH last seen alive July
Male White OR DIVORCED (write the word) Single	July 13 or 15" (Day) 193 1 1
5a. If married, widowad, or divorcad	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. f HEREBY CERTIFY, That I attended deceased from
7 6 200	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) NOU, 19, 1859	
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
71 2 4 ormin.	wera as follows:
8. Trade, profession, or particular	The deceased came to his
kind of work done, as SPINNER. Laborer	death by Suiside, body found floating in Pocomoke River
9. Industry or business in which work was done, as SILK MILL,	of State Bridge Becomere Mit-
SAWYER, BDOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	at State Bridge Pocomoke City
this occupation (month and spent in this occupation 111	Inquest deemed unnessary
	Diher Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Maryland (State or country)	
E	
4. BIRTHPLACE (city or town)————————————————————————————————————	Neme of operation Dete of Dete of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to axternal causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (Stata ar country) Virginia.	Accident, suicide, or homicide?
The state of the s	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT George Bunting	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Pocomoke City. Md.	Manner of Injury
M.P. Cemetary Pocomoke City Mg. July 15:931	Natura of Injury
19. UNDERTAKER Vernon P.Stevenson	24. Was disease or injury lnyany way related to occupation of decreased?
(Address) Pocomoke City Maryland	
20. FILED July 15, 19 31. Alm T Paley Registrar.	(Signed) Justice of the Peace MAC (Address) Pocomoke City, Md.
V Registrat.	" (Noulcoo) . R. Y. M. M. M. Y. J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

in stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death-and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy S A BYEND	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
		CONTRACT		
Other contributory causes of importance:		Other contributory causes of importance:		
Gandones	May 1,1923	1,1923 Gastroenteritis		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH			08613 STATE	OF MARY
County Occistus			CERTIFIC	ATE OF
	2. 0.		Registre	ation Dist. No
Village or City Whaleys	elle (No.		St.:	Ward) (If de
2FULL NAME	radelin	Car		tion, stead
PERSONAL AND STATI	STICAL PARTICU	LARS (MEDICAL CERTIFIC	ATE OF DEA
3 SEX 4 COLOR OR RA	CE SINGLE,		16 DATE OF DEATH	25
Fremale white	WIDOWED, OR DIVORCED (Write the word)		Cytonth	(Day)
B DATE OF BIRTH			17 I HEREBY CERTIFY, The	t I attended th
Luly	21	. 1931	192 to,	000000000000000000000000000000000000000
(Mo	onth) (Day)	(Year)	that I last saw halive on	••••••
7 AGE		If LESS than		
ur.	mas 2 de	1 day hrs.	The CAUSE OF DEATH * was as follo	Ws:
OCCUPATION YES		01,		
(a) Trade, profession or particular kind of work	u		Jew	
(b) General nature of industry	,	***********************		10- 200 00 00- 00 00 00 00 00 00 00 00 00 00 00 00 00
business, or establishment in which employed or (employer)			(Duration))yrs
9 BIRTHPLACE	20000		Contributory Secondary	, o o u mo a a a a e a o o a a ma a mo a a usa a a a a a
(State or country)	yland		(Duration	na
10 NAME OF	1		(Signed) Prasil	· far
FATHER Ofe 6	arey		7-24-1934 (Address)	Parl.
OF FATHER	Th		*State the Discase Causing	Death, or, in
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	reglan		Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	of Injury and
of Mother Wec	& Ricka	rdo	18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Inc
13 BIRTHPLACE OF MOTHER	0	/	At place	In the State vr
(State or Country) Ma	years		of death	Stateyrı
14 THE ABOVE IS TRUE TO THE B	EST OF MY KNOWLE	EDGE	if not at place of death?	
(Informant) Ele to	Jarey		usual residence	
(Address) (1) has	myfille	2 md	19 PLACE OF BURIAL OR REMOVAL	en Sele
15 Filed 7/2 # 1981	Alkra	w	20 UNDERTAKER	1964
	9	Registrar	M. Jasha Walse	n sel
If more branks	are needed, address S	tate Registrar	r, 16 W. Saratoga St., Balto., Requestir	ig V. S. No. 1.

0861 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 353

(If death occurred in a hospital or institu-tion, give its NAME In-stead of street and number.)Ward)

MEDICAL	CERTIFICA	TE OF	DEATH	1	
16 DATE OF DEATH				, 1927	
17 I HEREBY CI	ERTIF, That	I attend	ded the	deceased f	701
that I last saw h				, 192	
and that death occurred The CAUSE OF DEATH	on the date s	itated ab	ove, at	1130	P.n
Jann	dies	· · · · · · · · · · · · · · · · · · ·			
		- 000 00 000 000 000 000 000 000 000 00	*************	>+====================================	
	(Duration)		yrs	.mos	d
Contributory Secondary	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				o o devo q
(Signed)	(Duration)			.mos	
7-24 1931	Address)	5	him	Tru	1
*State the Disea Violent Causes, state Accidental, Suicidal or l	se Causing D (1) Means of Homicidal.	Death, o	r, in d	eaths from 2) Whether	n
18 LENGTH OF RESID		Hospitale	, Institu	itlons, Ti	ran
At place of deathmos.		In the State	yrs	mos	d
Where was disease contract if not at place of death?	ed,	,			******
Former or usual residence					
19 PLACE OF BURIAL C	-10		DATE O	F BURIA	_
urreistr 60. Sr	with 84	m.	WESS	-	3
20 UNDERTAKER	- 4	1	W ESS	./	7//

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary firemon, etc. But in many Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form loborer, Laborerwithout more precise specification as Doy who are engaged in the duties of the For persons who have no occupation -Cool mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping cough; Caronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

S. No. 1

0

03

2

PLACE OF DEATH	USULU STATE OF MARYLAND
County Wricesur	CERTIFICATE OF DEATH
	Registration Dist. No. 35/
The state of	
Village or City (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Walter Commer	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
male nego (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 2 1931	My. 18 1921 to Aly 21, 1921.
(Month) (Day) (Year)	that I last saw huralive on Tuly 2/, 1923/,
7 AGE IIILESS than	and that death occurred on the date stated above, at 10 9 1.m.
I day hrs.	The CAUSE OF DEATH * was as follows:
# yrs. # mos. / ds. or min.?	C A A A A
a OCCUPATION (a) Trade, profession or	autero Calilis
particular kind of work	
(b) General nature of industry	(2
business, or establishment in which employed or (employer)	(Duration) yrsmosds.
9 BIRTHPLACE \(\square\)	Contributory Secondary
(State or country) Maryboul	(Duration) yrs mos de.
10 NAME OF	(Signed) Dan M. D.
FATHER Du Conner	my 2/ 198/ (Address) Sun Jul md
O II BIRTHPLACE OF FATHER	
Z (State or country) Urginia	State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER WAITE LONG	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place in the
OF MOTHER (State or Country) Maryloud	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE	Former or
(Informant) Will Conner	usual residence
and Gerdletine med	13 13 13 13 13 13 13 13 13 13 13 13 13 1
(Address)	Cool Apring pry 27, 1931
15 Filed 7/2/ 193/ LE/Con Sweeth	20 UNDERTAKER
Registras	W = Williamo Duor fill the

If more b.anks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cool ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed ," etc., report specifically the occupations of persons en Foreman, especially in industrial employments, it is necesyr8). Farm laborer, Laborerwithout more precise specification as For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material -Coal mine, etc. Wom-(6) Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Frepsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carpolic acid-probably suicide. The n.ture of the injury, accident, Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonities," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on important. Chronic Example: Measles (disease etc. affection necd valvular heart disease, Nomenclature The contributory Always qualify all Measles; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

94	
ó	
Z	
oń	
D'	

WRITE

0	Sit act	1 _{PLA}	CE	OF	DEATH
	PHY d. Ex	County	77	orc	ester

Village or City Pocomolie

CERTIFICATE OF DEAT)	YLAND	IAR	OF I	STATE	0861
CERTIFICATE OF BEAT	H	DEAT	OF	CATE	CERTIFI	31

Registration Dist. No.

R.	R.	#2.
Ci	UW.	No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

2FULL NAME Not named (Coulhourn)

	PERSO	NAL AND STATIST	ICAL PARTICULA	RS	MEDICAL CERTIFICATE	OF DEATH
	Male	4 color or race	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	brok that their globy	July 22nd, 1931, July (Month) 28	
6	DATE OF B	TULY (Month)	22nd , (Day)	1_081 (Year)	17 I HEREBY CERTIFY, That I at No attentions realere that I last saw h Did alive on see h	tended the deceased from
8	AGE		1 d	ESS than lay 0 hrs.	and that death occurred on the date state. The CAUSE OF DEATH * was as follows: Probably lack of prope	r.allantian.
17	b) General business, or which emplo	nature of industry establishment in byed or (employer)	\$600 (mg) 000 (mv day, dim gan gan		Secondary	yre moe de - 8 months.
ENTS	10 NAME FATHEI 11 BIRTHF OF FAT (State	Louis Edward PLACE HER or country) Pom 110			(Signed) (Address) (Address) (Address) (Dotte	
PAR PAR	OF MO	THER GOOPSIC	Viola Purnoin. 1d.		Where was disesse contracted, if not at place of dea.h?	teyrsmosde
15	-	dress) 1929/	John T Ral	ey	19 PLACE OF BURIAL OR REMOVAL 20 UN DERTAKER	DATE OF BURIAL , 19

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Form laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many 6 Grocery; Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by roilway traincarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

B

ż

See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08618
1. PLACE OF DEATH	(30)
County Wareester	Registration Dist. No. 35-2
Village or City 13 18	No St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. N of foreign birth? vrs. mos. ds.
0. 10.	yt5
2. FULL NAME la arolene Dave	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Hemale Col widewed	(Moyn) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Charles Davis	19, to
6. DATE OF BIRTH (month, day, and yeer) March 10. 1847	Hest saw be elive on Judy 34- 1031; danth is sald
7. AGE Yeers Months Deys If LESS Wan I day,hrs.	to have occurred on the date steted above, \$15. A.m.
84 H 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particuler kind of work done, es SPINNER, SAWYER, BODKKEPER, etc.	Q1 0 +2 11.7
9. Industry or business in which	Chr. Int nephrelis
work was done, as SILK MILL, The saw MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spenting this	
yeer) occupation occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) // // (State or country)	
I duning	No. of the Control of
I4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diagnosis? Wes there an aulopsy?
IS. MAIDEN NAME (Phyllis Briddell	23. If death was due to external couses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Myllis Briddell 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
State or country)	Where did injury occur?
17. INFORMANT Charles Novis	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB DEMOVAL	Manner of injury
Place St. Jauls Date Mig 1, 198/	Neture of injury
19. UNDERTAKER & W. Bushage	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Beelin and	If so, specify
20. FILED aug 1, 1931 IV Meinford	(Signed) Law, M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "meehanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	0.00	1921.	Run over by street car	1 week ago
Cerebral hemorrhage	89	July 5, 1927	Peritonitis	3 doys ago
	3085	Service de la constitución de la		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gostroenteritis	1 year
				Maria Company

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08619		
1. PLACE OF DEATH	(23)		
County Norces Ter.	Registration Dist. No. 312		
Village or City Ocean City.	No. St. Ward		
(II	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. N of foreign birth?		
2. FULL NAME William J. Dave	· · · · · · · · · · · · · · · · · · ·		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH) 24 193		
5a. If married, widowed, or divorced HUSBAND of	(lear)		
(or) WIFE of	22. HEREBY CERTIFY, That I ettended deceesed from		
(O. 1-0. 25 192 A	19		
6. DATE OF BIRTH (month, day, and year) Uclober 1930 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.		
0 G 90 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance		
8. Trede, profession, or particular	were es follows:		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	P. YD		
9. Industry or business in which work was done, as SILK MILL,	Milmany FID		
SAW MILL, BANK, etc			
this occupation (month and spent in this year)	<i>O</i>		
12. BIRTHPLACE (city or town) Ocean Cela (State or country)	Other Contributory Causes of Importance:		
I Total			
(State or country)	Name of operation		
	Whet test confirmed diagnosis?		
15. MAIDEN NAME Eliva Bradford. 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in elso the Tollowing: Accident, sulcide, or homicide?		
(Stele of Country)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Mrs. W. 7. Davis (Address) Ocean City, and	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Place Chin Coleague, Va Date July 26, 1931	Neture of Injury		
19. UNDERTAKER J. W. Burbage	24. Was disease or injury in any way releted to occupation of deceased?		
20, FILED 7/26, 1931 IS Munfred	(Signed) As M. D.		

(Address)

Registrar.

rend.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week aga
Chranic interstitial nephritis	1921	Run aver by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days aga
			2
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
	·	The state of the s	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

200	SAI	ated	oper
1	IIS IS	be st	he pi
MARGIN RESERVED FOR	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A I	mation should be carefully supplied. AGE should be stated	CAUSE OF DEATH in plain terms, so that it may be properly
TEN	INI 5	GE sl	hat it
	DIN	i. A	so t
AKG	UNFA	applied	terms
	ITH	illy su	plain
	Y, W	carefu	TH in
U	AIN	d be	DEAT
	E PL	shoul	FOF
	WRIT	ation	AIISI
, M.C.	B.	E	0

TION is very important. See instructions on back of certificate.

CAUSE mation

V. S. No. 1

	-CERTIFICATE OF DEATH 08620
1. PLACE OF DEATH	365
County Wounted	Registration Dist. No. 3.5.2
	No. St. Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2.2-yrs,mo	s. / 3 ds. How long In U.S. N of foreign birth?
2. FULL NAME annie C. Dem	···
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemale White OR DIVORCED (write the word)	(Month) (OBy) (Year)
5a. If married, wildowed, or divorced HUSBANO of (or) WIFE of Curt Dennis	22. 1 HEREBY CERTIFY. That I attended deceased from 1936 to July 2 1986
6. DATE OF BIRTH (month, day, end year) Assas 25. 1879	I last saw har alive on July 1 , 19 3 /; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Thanks	Chronic Interetitus Replies , 927
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) maryland	Other Contributory Causes of Importance:
(State or country)	
13. NAME John G. Payne	
13. NAME John G. Playne 14. BIRTHPLACE (city or town) Maryland	Name of operation Dete of Dete of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Masgaret a /3 ethards 16. BIRTHPLACE (city or town) masyland	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) & maryland	Accident, sulcide, or homicide? Oate af injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John J. Kuyne (Address) / Willards mid	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Minusiale Date July 4. 1931	Nature of injury
19. UNDERTAKER J. W. Burbage (Address) Beslin mid	24. Was disease or Injury in any way related to occupation of deceased?
20, FILED 7-9 1991 Halen + Hanwa	(Signed) a Holland M. (Address) Berlin m.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- The state of the
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1. week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

V. S. Mo. 1

ż

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08621
1. PLACE OF DEATH	
County Warester	Registration Dist. No. 332
Village or City. 13 which	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Market and the second	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 17 12 11 1 10	spielson
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mopph) (Bay) (Yaar)
5a./If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 8 st. 7.1930	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date haled above, at 3 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormia.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Miles Colitan post
9. Industry or business in which	
SAW MILL, BANK, etc	notin attribure
12. BIRTHPLACE (city or town) — Pad (State or country)	Other Contributory Causes of importance:
211 41	
13. NAME Mulan Mussey 14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of Was there an autopsy?
# 15. MAIDEN NAME Edua Mirrulson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
17. INFORMANT Educ. Murrichson.	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Nows Date July 28,1931	Nature of injury
19. UNDERTAKER J. W. Byrtuge	24. Was disease or injury in any way related to occupation of deceased?
(Address) / Zellin	If so, specify
20, FILED July 29, 1931 Illustratore	(Signed) M. D. (Address) Brill

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II .		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
EATH	ler -	(3)
Girde	KIII	Registration Dist. No.
prace	(If	NoSt.,Wat@ death occurred in a horpital or institution, give its NAME instead of street and number)
in city or town where death	occurred yrs, mos	ds. How long in U. S. if of foreign birth? yrs mos dš.
vierce	- VIa Gap.	Ch. Ward
0	(Usual place of abode)	St., Ward. If nonresident give city or town and State
AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
olok of RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 3 (Day) (Year)
lara M	narohall ,	22. HEREBY GERTIFY, That Lattended deceased from
a, day, end year) Ur	fenous	I last saw h 1 m alive on 7/27 , 19 3/; death is said
2 Months	Days If LESS than 1 day,hrs. orrain.	to have occurred on the date stated ebove, at
or particular one, es SPINNER, KKEEPER, etc.		Cerebal arterioschusis?
ess In which , as SILK MILL, NK, etc.	oper.	
t worked et (month end	11. Total time (years) spent in this occupation	
own) Vinge	ma	Other Centributery Causes of Importence:
- Kenarya		Cardin- Vascular /Ceral
7/	2.	more
or town)	October 1	Whet test confirmed diagnosis? Was there an autopsy?
unkn	nu	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
er town)	// 4	Accident, suicide, or homloide?
ere Epp	of fr- (Jon)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
OR REMOVAL COM	- 8/ 3/ 3/	Manner of injury
-du 18. 91	illians	Nature of injury 40
Svide 14	ill ma	24. Wes disease or Injury In any way releted to occupation of deceased?
1931 RE/	Coe Swith.	(Signed) Te Schmillalacke M. D.
	Registrar.	(Address)

If more blanks and needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

20. FILED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Zitampico:
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ogo
Other contributory causes of importance's 'A	지 보고해 May 1,1923 보통 기대		1 year
	POODER HERVE RO	ER STATEMENTS BY PHYSICIAN	

V S. No. 1

9	PLACE OF DEATH	08623 STATE OF MARYLAND
	County Worcester	CERTIFICATE OF DEATH
	marly: Ilet	Registration Dist. No. 3
	Village or City Macute (No.	St.: Ward) (Ir death occurred in a hospital or institu- tion, give its NAME is stead of street and
	2FULL NAME Joseph Jackes	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Leslored Single, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH July 26. 199/
	6 DATE OF BIRTH April 20, 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That hattended the deceased from July 26, 1991, to July 26, 1991, hat I hast saw have alive on July 26, 1993 1
	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	leholera Infantina
1	business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 de.
	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration)
	10 NAME OF Robert Mills	(Signed) John D. Alecherson M. D. July 27 1923 (Address) Atackton M. D.
	II BIRTHPLACE OF FATHER (State or country) Maryland II MAIDEN NAME II MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Shera Jackson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Mayland	At place of deathyrsmos,ds. In the Stateyrsmosds. Where was disease contracted,
-	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Jehry Jackson, (Address) Sudletice Md	19 BOACE OF BURIAL OR REMOVAL SOLUTION DATE OF BURIAL Solution Solution 19 BOACE OF BURIAL Solution 10 BOACE OF BURIAL
	15 File July 27 1921 Haus h Touch	O Nowly Swift
	If more b.anks are needed, addre.s tate Kegistrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise coul mine, etc. Womloborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed. ployed, as At school, or At home. Care should be taken I definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery: (o) Foreman, (b) Automobile factory. The material Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, t) : irst line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report household only (not paid Housekeepers who receive_a worked on may form part of the second statement Paysician, For many occupations a single word or term on yrs). specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stotionary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." pecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under "PUERPERAL scpticaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of eause of as fracture of skull, and consequences (e.g., sepsis corbolic ocid-probably suicide. The nature of the injury Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, meninges, perdonaeum, etc., Corcinoma, Sarcoma, etc., of interstitiol nephritis, " "Marasmus," "Old Age," "Shock," Chronic etc. valvular heart disease; The contributory death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

1	. PLACE OF DEATH	952
	county Worcester.	Registration Dist. No. 312
	Village or City O cean City	No. St, W
	(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) 7 ds. How long In U.S. if of foreign birth?
2	E FULL NAME I da M. 11ee	
	(a) Residence: No.	St., Ward.
-	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
-	Temale white OR DIVORCED (write the word)	(Month) (Day) (Year
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of William Kee	22. HEREBY CERTIFY, That I attended doceased
6	DATE OF BIRTH (month, day, and yoar) July 12, 1859	Plast saw har aliva on Seleg / 19/; death is
-	AGE Years Months Days If LESS than	to have occurred on the dato stated above, ot 87-7-m.
	72 0 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
ON	8. Trada, profossion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	of the me pay
T A	9. Industry or business in which work was dono, as SILK MILL, SAW MILL, BANK, etc.	Had instance
200	10. Oata deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12.	BIRTHPLACE (city or town) Phile delphia (State or country)	Other Contributory Cames of Importonce:
œ	13. NAME Charles In offert.	
FATHER	14, BIRTHPLACE (city or town) Paul	Nama of operation
_	(Stata or country) Ga.	What test confirmed diagnosis? Was thero on autopsy?
HER	15. MAIDEN NAME Susan The Mulling	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
	INFORMANT Mis Sus are one Neuman	Where did injury occur? (Specify city or town, county and State) Spocify whother Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18	(Address) Walnungton & I.	Manager of State
	Place Idelprisagion, Ooto July 18, 1931	Monner of injury
19	UNOERTAKER J. W. G. Lage (Address) Burlin Bad.	24. Wos disease or Injury in ony woy reloted to occupation of decaased?
20.	FILED 7/15-, 19-3/ 2-9 munful	(Signod) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ample I	1	Example II	
h and related eauses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
पूर पूर	G 1915	Attack of epilepsy	1 week ago
RUPPAU	1921	Run over by street car	1 week ago
	July 5, 1927	Peritonitis	3 days ago
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	ample I th and related causes ws: Of importance:	ws: 3 1915 1921 July 5, 1927 of importance:	th and related causes ws: Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08625
1. PLACE OF DEATH	95-6
County Worksler	Registration Dist. No. 332
Village or City Ocean and	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrs mos ds.
2. FULL NAME Tydia a. mason	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July /d 193/
5a. If married, widowed, or divorced HUSBANO of	a fat a pour
(or) WIFE of Frank J. Mason	The REAL CERTIFY That Lattended deceased from
6. DATE OF BIRTH (month, day, end year) Jan. 5 1872	I last saw it alive on
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, et 2 A m.
59 6 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Pryone hear - Date of one of
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years) 11. Total time (years)	lesebr flow
work was done, es SILK MILL, SAW MILL, BANK, etc.	I I I Some
10. Date deceased last worked et this occupation (month and spent in this	polony 5000
yeer) oscupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Churchleague	
(State or country)	
E COOL	N
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there en aulopsy?
# 15. MAIOEN NAME annie Melvin	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) R ~ anna. (State or country)	Accident, sulcide, or homicide?Date of Injury19
(State or country) Delaware	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Wm Rodney	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Ocean City Mid.	N
Placever green Cens. Date July 15, 1951	Manner of injury
1 10 Bushas	24. Wes disease or injury in any way related to occupation of deceesed?
19. UNDERTAKER (Address) Gerlin M. (Address)	If so, specify
20, FILED 7/12 1921 S.S. Mounts	(Signed) The How more M. O.
Registrar.	(Address) Celas Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

AUG 4 1931 BUREAU V. B. Instructions

importa

state CCUP/

00

Every Item of CIANS should statement of C

STATE OF MARYLAND

CERTIFICATE OF DEATH County Worcester Registration Dist. No. Village or City Pocomoke City (No. (If death occurred in a hospital or institu-St.: Ward) tion, give its NAME inof street and stead 2FULL NAME Cora Anne Mills number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. OR DIVORCED Single (Write the word) White emale (Month) 6th (Day) 1931 (Year 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from 21st, 1857 January (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 4. I day hrs. The CAUSE OF DEATH * was as follower ds. or min.? (a) Trade, profession or Saleslady (b) General nature of industry business, or establishment in (Durstion) .. which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) Maryland (Durstion) 10 NAME OF (Signed) FATHER Stephen Wills 11 BIRTHPLACE ENTS OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (I) Means of Injury and deaths from (State or country) Maryland Accidental, Suicidal or Homicidal, 12 MAIDEN NAME AR OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trens-Mary Donoho ients or Recent Residents) 13 BIRTHPLACE At place of deathyrs..........ds. OF MOTHER Maryland (State or Country) Where was disease contracted, if not at place of death?... usual residence Mrs. John Clarke (Informant) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Pocomoke City Nd . Cemetary 20 UNDERTAKER Filed kely

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oclaborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a nocr, (b) Cotton mill; (a) Salesman. (b) Grocery: Foreman, (b) Automobile factory. The inaterial For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> 2 American Medical Association.) approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	08628 STATE OF MARYLAND
	County Worcester	CERTIFICATE OF DEATH
	0 1 110	Registration Dist. No. 355
Vil	lage or City Whaling villas Md	St.: Ward) (If deeth occurred in
	2 FULL NAME Jacob W. Para	tion, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ale white (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 [DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
	Month) (Day) (Year)	that I lest saw have alive on June 21, 1981,
7 A		and that death occurred on the date stated above, atm.
	64 yrs. mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
1	Trade, profession or January	Chronic Prostatita
	o) General nature of industry usiness, or establishment in	(5
	hich employed or (employer)	Contributory (Duration) yrs. mos. ds.
9 8	(State or country) maryland	Secondary (Durstion)yrsmosds.
	10 NAME OF Ja. Coll R. Powell	(Signed) 4 Holland M. D. July 23 198 (Address) Bulin Ind
RENTS	OF FATHER (State or dountry) Many Land 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Olyabilie Smack	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- ients or Recent Residents)
	OF MOTHER (State or Country) Mayland	At plece of deathyrsmosds. In the Steteyrsmosds. Where wes disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at plece of death?
	(Informant) annie 4. Vowell	usuel residence
	(Address) Whaleyvelle Md.	Whaleyvilling Dale July 24, 1931
15	Filed 7-23 1921 Hayward	M. Parha watson Selberille
	If more branks are needed, addraga State Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH. laborer, er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, 10 For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery eman, (b) Automobile factory. The materia At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed Laborer--Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same adcepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Itelanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; or intercurrent) Chronic ," etc., when a definite disease Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08629
1. PLACE OF DEATH	(19)
County Warreter	Registration Dist. No. 3 3-2
Village or City / Birlin	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
<i>x</i>	osds. How long In U.S. of foralgn birth?yrsmosds.
2. FULL NAME Ethel Purnell	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH () ()
Hemale Est. OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That t attended deceased from
6. DATE OF BIRTH (month, day, and year) fan 1931	Hast saw heen alive on 19 ; daath is seid
7. AGE Yaars Monthy Deys If LESS than	to have occurred on the date stated above, at 2_A_m.
1 day, hrs	THE TAIR AL CAUSE OF DEATH and released causes of importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or businass in which work was dona, as SILK MILL,	dranhea
SAW MILL, BANK, etc	
this occupetion (month and spant in this occupation	
an DIDTIBLAGE (city and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Polias Purnell	
13. NAME LONGS. Purnell 14. BIRTHPLACE (city or town) 14. Citator country)	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Grus Vlungio	23. II daath was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (GNUS MUNGUS) 16. BIRTHPLACE (city or 16WR) (State or country)	Accident, sulcide, or homicide? Dete of injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT Color Styrige's (Address)	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Gamenulane Dete July VO, 1931	Nature of injury
19. UNDERTAKER Addiess	24. Wes disease or injury in any wey releted to occupelion of deceased?
A A A A A A A A A A A A A A A A A A A	1 1 N 200 1

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
3 1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis .	3 days ago
-		
alt:	Other contributory causes of importance:	24 11
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V.S. No. 1

20, FILED.

BINDING

FOR

ARGIN RESERVED

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1937	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) 90 VIS How long in U.S. if of foreign hirth? statement (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE (tear) (Day) 5a. If married, widowad, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly Months If LESS than 7. AGE Years Days to have occurred on the date stated above, at f day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance SI or ____ mio. were as follows Date of onset 8. Trade, profession, or particular THIS kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc ... back 9. industry or business in which plnods may work was done, as SILK MILL, SAW MILL, BANK, etc.____ OCCU 10. Date deceased last worked at f1. Total time (years) this occupation (month and spent In this occupation ... instructions Other Contributory Causes of importance: 08 12. BIRTHPLACE (city or town (State or country) supplied. terms, FATHER 13. NAME f4, BIRTHPLACE (city or town) plain (Stata or country) be carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: ü DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, should OF (Address) 18. BURIAL, CREMATION, OR Manner of fnjury CAUSE mation LION Nature of Injury 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Addrass) if so, spacify Registra

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1931	Run over by street ear	1 week ago	
Cerebral hemorrhage	July5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		The state of the s		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08632
1. PLACE OF DEATH	93-2
County Worces les	Registration Dist. No. 355
Village or City Berlin .	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the a hospital of institution, give its INAIVIE instead of street and number? ds. How long in U.S. if of foreign hirth?yrsmosds.
2. FULL NAME Mary Cutherine Sl	rowell
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wire the word) The married of the second of the	21. DATE OF DEATH (World) (Bay) (Year)
5a. It married, widowed, or divorcad HUSBAND of	
(or) WIFE of Major Showell	22. THEREBY CERTIFY That I attended dacased from
6. DATE OF BIRTH (month, day, end year) Unknown	Hast saw has alive on July (183); death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
76 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as tollows:
8. Trade, profassion, or particular kind of work done, es SPINNER, Retured - SAWYER, BOOKKEEPER, etc.	Charry On Souls Heart Screen
9. Industry or business in which work was done, as SILK MILL was Cook in early SAW MILL, BANK, etc.	Cross of portions, made
10. Date decaased last worked at this occupation (month and year) 11. Total tima (years) life spant in this occupation occupation	
12. BIRTHPLACE (city or town) Baltinose	Othar Contributory Causes of Importance:
(State or country) and.	
13. NAME unknown 14. BIRTHPLACE (city or town) Md.	
14. BIRTHPLACE (city or town) / / / (State or country)	Nama of operation Data of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNknown	23. If death was dua to axteroal causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Major & howell (Address) Birling M.	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place At Paul's Cem. Data 7 - 20, 1931	Manner of Injury
19. UNDERTAKER J. W. Burbaye.	24. Was disease or injury in ony way related to occupation of daceased? 24.
20. FILED 7 - 2.0 1931 Helen F. J. ayer Registrar.	(Signed) C Q Hulland M. D. (Addrass) Seel 2
Acgurer.	(Modiass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	ample I		Example II			
The principal cause of deat of importance were as follo	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	- Aug. 1 1931	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1931	Run over by street car	1 week ogo		
Cerebral hemorrhage	THREAU V.	July 5, 1927	Peritonitis	3 days ogo		
	b					
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
			9 4 30 pp			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Day) 1 HEREBY ERTIFY, That 1 attended the deceased from and that death occurred on the date stated above, at

*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether

Hospitals, Institutions, Trans-

In the

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If refired from laborer, Farm loborer, Loborer-Cool mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook to report specifically the occupations of persons enployed, us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a For many occupations a that fact may be indicated thus; Farmer (rewithout more precise specification as Doy single word or term on

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

vetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is loss definite; avoid or intercurrent) Chronic Example: Measles (disease valvular heart disease; affection need not be etc. The contributory Nomenclature

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

	of DEATH		08634 3	STATE OF I	OF DEATH
		ty (No.R.F.D. #)		St.: Ward	(If death occurred is a hospital or institu- tion, give its NAME in stead of street and number.)
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 sex Female	White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED MARTIE((Write the word)	d July		1. 1921 th(Day) 1931(Year)
6 DATE OF BIR	Octobe (Mont	er 18th, 1872	June 11th	CERTIFY, That I att	tended the deceased from 7.7th, 193 5 2
B OCCUPATION (a) Trade, pr	ofession or	mos. 29 ds. or min.	The CAUSE OF DEAT	TH * was as follows:	i above, at7 O.O. A. m
(b) General n business, or e	stablishment in red or (employer)			(Duration) 2	yrs. mos de
10 NAME C FATHER	Francis	ryland Benson		3.1(Address) Docum	al M. D. oke City, Md
- OF FATH	r country) Ma	ryland Lambden			or, in deaths from njury and (2) Whether tals, Institutions, Trans
The second secon	LACE HER (Country) M8	ryland.	At place of deathyrs	nosds. In the	teyrsmosde
(Informant) William Ti	lghman City, Waryland	Former or usual residence	Baptist Cer	
Filed Just		Rogistrar needed, address State Registr	Tomore St.,	Stevelson Balto., Requesting V.	Maryland.



(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocfulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material For persons who have no occupation Salesman. (b) Grocery,

Statement of Cause of Death—Name, first, the DISPEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

, approved by American Medical Association.) "(Exhaustion," "Heart fallure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping cough; (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Committee on Nomenclature Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

,	1PLACE OF DEATH	08
	County Worcester	82-
	Village or City Bishop (No	ngle
-	PERSONAL AND STATISTICAL PARTICULARS	9
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF
	G DATE OF BIRTH Oct 17, 185	77 11
	(Month) (Day) (Year) 7 AGE If LESS that day hrs or min.	. The CAUSE C
1 1 4	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	ogs Jac
	9 BIRTHPLACE (State or country)	Contribute Secondar
	10 NAME OF Maneon Lingle	(Signed)
	OF FATHER Z (State or country)	*State Violent Ca
	of MOTHER Mary Truit	Accidental,
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyr
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was dise if not at place Former or usual residence.

STATE OF MARYLAND CERTIFICATE OF DEATH

If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No.353

2	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)				
6	MEDICAL CERTIFICATE O	F DEATH				
	16 DATE OF DEATH 7-2	8-, 1931				
		(Day)(Year)				
	17 I HEREBY CERTIFY, That I atte					
->	192 to	, 192,				
~	that I last saw halive on	, 192,				
n	and that death occurred on the date stated a	bove, atm.				
s.	The CAUSE OF DEATH * was as follows:	1-11				
٠.	X) sow subject	1-6 mo				
	ossi The faile	clarino 1				
•••	South to be due	to a stroke				
	I Suralys (Action)	_yrs				
-	Contributory Secondary	**************************************				
_ }	(Duration)	yrsds.				
	(Signed) (Signed)	ues M.D.				
_	192 (Address) Sel	Borvelle				
		ord in doethe from				
_	*State the Discase Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	and (2) Whether				
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)					
		yrsmosde.				
-	Where was disease contracted, if not at place of dea.h?	00:000000000000000000000000000000000000				
	Former or usual residence	***************************************				
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL				
1	20 UNDERTAKER	ADDRESS Selle				

S. No.

statement



(Approved by U. S. Census and American Public Health Association.)

en at home, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Spinner, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day who are engaged in the duties of the (b) For persons who have no occupation Automobile factory. The Laborer--Coal mine, etc. not gainfully em-6 material Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasuus,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train— Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURFAU

		LAND—CE	RTIFICATE OF DEATH	636	
1. PLACE OF DEATH	-		137-6	255	
County W m	escy		Registration Dist. No.	333	
Village or City	Seller		NoSt. occurred in a hospital or institution, give its NAME instead of street		
Length of residence in city of	or town where death occurred	_yrsmos_	ds. flow long In U.S. if of foreign birth?yrs	mos	
2. FULL NAME	Mr nan	u dre	utt		
(a) Residence: No	(Usual place of		St., Ward.	and State	
PERSONAL AND	STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEAT		
3. SEX 4. COLOR O Humal 5a. If married, widowad, or divorce	OR DIVORCED		DATE OF DEATH (Month) (Day) 4	, 193 J (Year)	
HUSBAND of (or) WIFE of	u	22.	I HEREBY CERTIFY, That I atte	ided decaased f	
	1012	1921	ast saw No. alive on My 13/19/19		
6. DATE OF BIRTH (month, day, and year) 13, /93 7. AGE Years Months Days 11 (LESS than			have occurred on the date states above, at 5	≠ ≠ , ueatii is :	
	0 1		e PRINCIPAL CAUSE OF DEATH and related causes of importance re as follows:	Date of or	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.					
9. Industry or business In wi	hich		Congenital Hart Disea	2.4	
work was done, as SILK MILL, SAW MILL, BANK, etc.					
1D. Date deceased last worked this occupation (month	and spent	in this			
year)	Octup:		her Cuntributory Causes of importance:		
12. BIRTHPLACE (city or town) MG (State or country)			52		
	as Level	7-			
14. BIRTHPLACE (city or town) Md			me of operation Data	of	
			nat test confirmed diagnosis?	an autopsy?	
15. MAIDEN NAME Comma West			If death was dua to external causes (VIOLENCE) fill in also the following		
5 16. BIRTHPLACE (city er town) (State or country)			cident, sulcide, or homicide? Date of Injury here did injury occur?	, 19	
17. INFORMANT Thomas Objects			(Specify city or town, county an ecify whether injury occurred In INDUSTRY, In HOME, or In PUBLI	State) C PLACE.	
(Address)	Bullin m	id	-		
18. BURIAL, CREMATION, OR REM	0 1		anner of Injury		
Place Perdue Date July 12, 1921			ature of injury	On -	
19. UNDERTAKER			Was disease or Injury In any way related to occupation of deceases so, specify	1	
(Address)	1/7 . 1	CAN IV			
20. FILED 7 15 19	81 Holan F	Hanward.	(Signed) La Hollan	4	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I	Example I		Example II	
The principal cause of de of importance were as followed	ath and related causes lows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	March 1 1001	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUSEAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1PLACE OF DEATH	08637 STATE OF MARYLAND
County Warester	CERTIFICATE OF DEATH
	Registration Dist. No. 34-2
Village or City O cen Cuty (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Weldon M. D.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED.	16 DATE OF DEATH Lake 10 th
mule W WIDOWED OR DIVORCED (Write the word)	(Month) (Dsy//8/ (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
ally 20, 1910	100 to 0 10 13/
(Month) (Day) (Year)	that last saw har alive on
I day hrs.	The CAUSE OF DEATH & was as follows:
20 yrs	Ovrebral hemorry
e OCCUPATION (a) Trade, profession or meele	of sould in showing the
particular kind of work (b) General nature of industry	I page Resel. On State Road, one mile fro
business, or establishment in which employed or (employer)	(Jagan California & Maria and All & California de.
9 BIRTHPLACE (State or country)	Secondary
110 NAME OF OP - O	The season of th
FATHER Chas. P. Hemalles	(Signed) M. D.
OF FATHER	At to a state of the frame
C (State or country) 12 MAIDEN NAME Q	Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a of MOTHER Educa Marry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Chus. P. Venulle	Former or usual residence
(Address) Beslin Mil.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7/13/, 193/
15 Filed 7/10- 1981 J.S. Munfort	COUNDERTAKER APDRESS MILE
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farner (1/2) state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, tle first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g ged in doincstic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material single word or term on -Coal minc, etc. Wom-6 Grocery,

Statement of Cause of Death—Name, first, the Dis-EAS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid feter (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid-probably suncide. The n-ture of the injury, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Brouchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) approved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all M casles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		THE RELEASE OF THE PARTY OF THE	

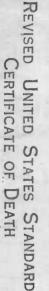
ADDITIONAL	CDACT	DOD	THE PROPERTY AND	CHI A HITTARETANIMO	10.37	DITTIOTOTANT
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BY	PHYSICIAN

to lea

N. B.--Every item of information should be carefully supplied. ACE should to stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. CORD BINDING PERMAN FOR TH UNFADING INK-THIS IS A RESERVED MARGIN WRITE PL

S. No. 1 5

PLACE OF DEATH County County	08639 STATE OF MARYLAND CERTIFICATE OF DEATH
01 11	Registration Dist. No.
Village or City Willem No. Md	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Still Gu	Hard tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH LLG SON 193/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs.	
yrs. mos. ds. or min.?	In chose or period was a follows:
(a) Trade, profession or particular kind of work	sull buck
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Decation) yre de.
10 NAME OF FATHER Clarge Ward	(Signature) (Address Alletter Md
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*Stato the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bell Hudson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs mos. ds. In the State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Marthusayler	Former or usual residence
(Address) Stockly Md	DATE OF BURIAL OR REMOVAL PATE OF BURIAL PATE OF BURIAL PATE OF BURIAL 19 3/
15 Filed Colg 18 Bl Harry h Tayley	alowly Surbly
If more b.anks are needed, addre.s Ltuto Kegistra	r, 16 W. Saratoga St., Baltor, Sequesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houselaborer, Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationery firemon, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return". Laborer, ""Foreman," "Manager," "Deal-Paysician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, etc., Foreman, to know or At Home, For many occupations a single word or term on yrs). For persons who have no occupation Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the 6 Automobile factory. The and children, Locomotive not gainfully emmateria engineer,

Stritement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. Whooping cough; "Arrophy," "Collapse," "Coma, "Dropsy," ility" ("Congenital," "Senile," etc.), "Dropsy," haustion," "Heart failure," "Haemorrhage," haustion," Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic etc. The contributory valvular heort diseose death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.